

Meeting Minutes
Health Information Technology Council Meeting

February 4, 2013
3:30 – 5 p.m.

One Ashburton Place, 11th floor Matta Conference Room
Boston, MA

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Meeting Attendees:

Council Members:

John Polanowicz – *(Chair) Secretary of the Executive Office of Health and Human Services*
Manu Tandon – *(Chair) Secretariat Chief Information Officer of the Executive Office of Health and Human Services, Mass HIT Coordinator*
Deborah Adair – *Director of Health Information Services/Privacy Officer, Massachusetts General Hospital*
Karen Bell, MD – *Chair of the Certification Commission for Health Information Technology (CCHIT) EOHED*
John Letchford – *Chief Information Officer, Commonwealth of Massachusetts*
Michael Lee, MD – *Director of Clinical Informatics, Atrius Health*
Robert Driscoll – *Chief Operations Officer, Salter Healthcare*
Normand Deschene – *President and Chief Executive Officer, Lowell General Hospital*
Margie Sipe, RN – *Nursing Performance Improvement Innovator, Lahey Clinic*
Julian Harris, MD – *Director of Office of Medicaid*
Larry Garber, MD – *Medical Director of Informatics, Reliant Medical Group*
John Halamka, MD – *Chief Information Officer, Beth Israel Deaconess Medical Center*
Steven Fox – *Vice President, Network Management and Communications, Blue Cross Blue Shield MA*
Aron Boros – *Executive Director of Massachusetts Center for Health Information and Analysis*
Laurance Stuntz – *Director, Massachusetts eHealth Institute*
Jay Breines – *Executive Director, Holyoke Health Center*

Others:

Pamela Goldberg – *Chief Executive Officer, Mass Technology Collaborative*
Sean Kennedy – *Massachusetts eHealth Institute*
Ann Hwang – *Director of Health Care Policy and Strategy, Executive Office of Health and Human Services*
Micky Tripathi – *President & Chief Executive Officer Massachusetts eHealth Collaborative*
Mark Belanger – *Massachusetts eHealth Collaborative*
Carol Jeffery – *Massachusetts eHealth Collaborative*
Erich Schatzlein – *Massachusetts eHealth Collaborative*
Nicholas Welch – *Executive Office of Health and Human Services*
Robert McDevitt – *Executive Office of Health and Human Services*
JoAnn Buckland – *Assistant General Counsel, Executive Office of Health and Human Services*
Peter Scantalides – *Deputy General Counsel, Executive Office of Health and Human Services*
Claudia Boldman – *Strategic Projects Manager, Information Technology Division*
Daniel Mumbauer – *High point treatment center A&M, MABMS*

Lisa Fenichel – *E-Health Consumer Advocate, Health Care for All*
Lynda Young, MD – *Director, Division of Community Pediatrics at the University of Massachusetts Memorial Children's Medical Center*
Kimberly Haddad – *Manager of Health Care Policy and Deputy General Counsel, Office of Administration and Finance*

Meeting minutes:

Meeting called to order – minutes corrected and approved

The meeting was called to order by Secretary Polanowicz at 3:34pm.

Council reviewed minutes of the January 2013 HIT Council minutes, suggested corrections were noted, and minutes were approved with corrections.

- Karen Bell suggested that all acronyms be spelled out
- John Halamka noted an error within the fifth bullet under 'Network Standards' that should read "Web" in place of "Wed" regarding network transport comments
- A revision will reword the statement about consent and policy law

Mass Hlway updates (slides 3-5) presented by EOHHS CIO Manu Tandon

A brief review of Mass Hlway phases was presented by the Executive Office of Health and Human Services (EOHHS) Chief Information Officer (CIO), Manu Tandon.

The Implementation Advanced Planning Document (IAPD) for Hlway Phase 2 was submitted to the Centers for Medicare and Medicaid Services (CMS) in January and a funding decision is expected sometime this month.

Project details will be updated as the in-depth work of Phase 2 gets underway.

There are five concurrent projects within Phase 2 with a focus on policy issues. - Phase 2 will require more focus on policies and procedures than the previous planning phase.

The Mass Hlway budget and rate card will be updated to reflect both 2012 learning and Phase 2 service pricing.

Council discussion:

- John Halamka commented that he was in Washington DC this week and learned that several EHR vendors intend to put "toll booths" (per click charges) on their HIE connections, which will include the Mass Hlway, and take transaction fees for activity that was intended to be free.
 - Julian Harris stated that this will undermine the efforts to make the Hlway accessible and affordable. He suggested this needs close monitoring.
- John Halamka noted that transport standards will be important for encouraging the public health transactions.

Last Mile Program Update and Program Scorecard (slides 6-11) presented by MeHI HIE Director, Sean Kennedy

An overview of the Last Mile Program was presented by Massachusetts eHealth Institute (MeHI) Health Information Exchange (HIE) Director, Sean Kennedy.

A sampling of recent Last Mile Program was reviewed including synopsis of stakeholders that are at various stages of on-boarding.

Implementation grants program was reviewed. The initial release of funding projects is expected by mid-late February with a noted preference to behavioral health, long-term care facilities, community hospitals or small practice organizations.

Council question:

- Q. (did not capture questioner's name): Are community health centers eligible?
- A. (Laurance Stuntz) – Yes
- Q. (Karen Bell) – Is this different from the EHR vendor grants program?
- A. (Sean Kennedy) – Yes, there is a separate fund for those electronic health record (EHR) vendors needing assistance to connect to the Mass Hlway.

This is a one year program with a funding expiration in January 2014.

Draft of the Last Mile Program Scorecard was reviewed. The scorecard will reflect the goals, objectives, measures and targets to identify the connection and adoption of the Hlway, and the impact to healthcare in the State. Suggestions for and edits to the metrics were requested. The scorecard is in its draft form and the metrics may be adjusted as data is available in order to better focus on program objectives.

Council discussion:

- (Steve Fox and one other Council member) – Suggest there be a “time to market” measure which shows time from Hlway sign-up to usage.
- (Mike Lee) – There is a need to monitor progress with different provider segments so that we are not only monitoring the large organizations
- (Lisa Fenichel , John Halamka and Meg Aranow) – Suggest changing the ‘patient engagement’ metrics to measure provider to patient communication. A metric is needed to gauge how many patients are engaged on the Hlway. Possible metrics include numbers of provider to patient transactions or counts of “opt ins.”
- (Council member) - Suggestion to segment data by geography.
- (Council member) There is a need to track issues that occur in order to learn from these issues and make adjustments.
- (John Halamka) – We could graphically depict the network of transactions with different size nodes and connections. Open source data could be made available for visualization by third parties.
- (Laurance Stuntz) – Caution that this could reveal competitive information such as referral patterns.

Mass Hlway Phase 2 functionality (slides 12-18) presented by Manu Tandon

The high value use cases were reviewed which introduced the five concurrent projects of Phase 2.

1. Medical Record Location
2. Medical Record Retrieval
3. Public Health Reporting
4. Patient-Directed Messaging
5. Consent Management

Project #1: The Enterprise Master Patient Index (EMPI) and Record Locator Service (RLS) must have policy frameworks in place, data sharing agreements, and engagement with providers and the electronic health record (EHR) vendors.

Council discussion:

- Q. (Secretary Polanowicz) - Who will take responsibility for managing duplicates and demographic data cleanup?
- A. (Manu Tandon) - EOHHS will take responsibility.
- (John Halamka) It will take a lot of learning and feedback to cleanse the data sources. For example, Partners Healthcare had a team of about 24 individuals to do similar cleanup and Beth Israel Deaconess used 2 individuals. It's possible that a Mass Hlway member may have really messy patient data and the Hlway may need to mandate that the data source clean up their data before being allowed to participate.
- (Secretary Polanowicz) Suggest we estimate an order of magnitude for this effort.
- (John Halamka) I will ask Surescripts how they addressed this issue.
- (Mike Lee) - Earlier patient matching work efforts could be leveraged; such as the work done with Atrius and Beth Israel.
- (Secretary Polanowicz) – As well as the work done by Partners Healthcare, UMASS, and Steward

Project #2: The Consent database will need to preserve patient preferences for consent. The collection of consent from the endpoints will need policy framework, consent agreements and outreach and education for patients and providers.

Project #3: The Query/retrieve infrastructure is built upon the Consent and EMPI/RLS projects and will also need the framework of policies to shape the functions. The effort for this project will include consent and data sharing agreements, electronic health record (EHR) consent management and handling specifications as well as query/retrieve specifications and interface deployment.

Project #4: The Patient-directed messaging will be a database of DIRECT addresses to support provider to patient document transmission. The policy framework for patient authentication and a business model for patient enrollment will be included in the efforts focus for this project.

Project #5: Public Health back office functions will be added so providers may use the Hlway for a range of public health reporting

HIT Council Advisory Groups (slides 19-24) presented by Manu Tandon

The 2013 transition to the HIT Council Advisory Groups and their roles and advisory responsibilities was reviewed. These Groups will meet monthly and will be launched prior to the next HIT Council meeting. Specific questions will be channeled to Advisory Groups.

A list of proposed members to the four Advisory Groups was reviewed. The proposed Advisory Group member lists are by no means static. These groups can be added to, but this is the “seed list” to get started.

Council discussion:

- Q. (Karen Bell) - Is there is a process for adding new Advisory Group members?
- A. (Manu Tandon) – This will be determined in next few weeks.

- (Larry Garber) The Legal and Policy Advisory Group will need to work closely with Technology Advisory Group.
- (Secretary Polanowicz) - There are members that will cross multiple Advisory Groups and notes a need to “cross pollinate”.
- (Manu Tandon) - The Finance Workgroup will not continue. Finance issues will be handled within Provider Advisory Group and HIT Council.
- (Manu Tandon) - The Legal and Policy Advisory Group will need to approach things a little differently in CY 2013: Help understand current law, help identify what needs to be done, and provide advice for how law needs to change – This is part of the new HIT Council charge.
- Q. (Lisa Fenichel) – Will the documents that were produced by the last round of work groups be used, i.e., the document that the Legal & Policy Workgroup put together
- A. (Manu Tandon) - Yes, we are looking for continuity and to build upon the prior work done by prior groups.
- (Karen Bell) – Suggest adding finance to the charge of the Provider Advisory Group.
- (John Halamka) - A work plan is needed for each of the Advisory Groups so they can focus in key areas, including consent.

Overview of the Legal Requirements of the Council (slides 29-34) presented by JoAnn Buckland

An overview of the Open Meeting Law (M.G.L .c.30A §§ 18-25) was presented. Definitions of a ‘meeting’ and what constitutes a deliberation were reviewed. Information regarding meeting minutes and remote attendance was discussed. An overview of the Conflict of Interest Law (M.G.L.c.268A) also known as the Ethics Law and the Public Records Law (M.G.L.c.66) were also presented. Council members were advised to review all materials, including the HIT Council Bylaws, in the distributed handouts. Council members were reminded that the HIT Council Bylaws will be voted on at the next meeting in March.

Wrap up and next steps (slides 35-38) presented by Manu Tandon

The next HIT Council meeting may be moved from March 4, 2013 to March 13, 2013 and Council members were advised to visit the EOHHS website for confirmation.

The preliminary agenda for the March meeting was reviewed.

The HIT Advisory Groups should meet at least once before the next HIT Council.

The subject matter expert should be on board by the next HIT Council meeting.

The 2012 HIT Council Annual Report to the Legislature is completed and being submitted for approval.

The meeting was adjourned at 4:47pm.